

JUN. 11. 2002 3:30PM

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NO. 2401 P. 1

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## FACSIMILE COVER SHEET

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Deliver to: Unassigned Art Group: 2818  
Company Name: LISPTO  
Facsimile No.: 703/305-3431 Date: June 11, 2002  
From: William W. Schaal, Reg. No. 39,018  
Our Docket No.: 3927P017 Number of pages        including this sheet.  
Application: 09/883,554 Filing Date: 6/16/2001

### Subject

Remarks Attached herewith for filing please find the Request to Rescind Previous  
Nonpublication Request

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Application No.: 0819301 Filing Date: 08/19/01 BSTZ Docket #: 003927 P017 AnyDoc: W0000000  
 Data Method: 0819301 Docket Due Date(s): Client: Wireless Communications, Inc.  
 Title: System and Method for Modulation of Non-Data Bearing Carriers for Multi-Carrier Modulation System

Inventor(s): Chih-Chieh, Alavi

The following has been received in the U.S. Patent & Trademark Office on the date indicated hereon:

☐ Amendment: (\_\_\_) pages  
☐ Appeal Brief & two copies (\_\_\_) pages  
☐ Application: (\_\_\_) pages w/ cover & abstract  
☐ Assignment & Cover Sheet (\_\_\_) pages  
☒ Certificate of Filing  
☐ Continued Prosecution Application (CPA)  
☐ Declaration & PDA (\_\_\_) pages  
☐ Drawings: \_\_\_ sheets, \_\_\_ figures  
☐ Express Mail No.: \_\_\_  
☐ Extension of Time: \_\_\_  
☒ Fee Transmittal (original & copy)  
☒ Other Request to Reconsider Previous Request for Nonpublication

☐ Information Disclosure Statement & PTOISB08 (\_\_\_) pages  
☐ Issue Fee Transmittal (original & copy)  
☐ Nonpublication Request Under 35 U.S.C. 122(b)(2)(B)(i)  
☐ Notice of Appeal  
☐ Petition for: \_\_\_  
☐ Request for Continued Examination (RCE)  
☐ Reply Brief (\_\_\_) pages  
☐ Request to Reconsider Previous Nonpublication Request  
☐ Response to Notice of Missing Parts & Formalities Letter  
☐ Terminal Disclaimer  
☐ Transmittal of Formal Drawings  
☐ Transmittal of Publication Fee Due  
☒ Transmittal Letter  
☐ Check No. in the Amount of  
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PTO/SB/21 (08-00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

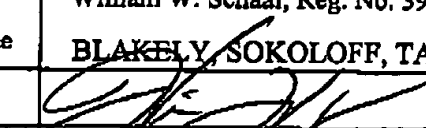
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|   |   |                        |               |
|---|---|------------------------|---------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |   | Application No.        | 09/883,554    |
|   |   | Filing Date            | June 16, 2001 |
|   |   | First Named Inventor   | Ahmad Chini   |
|   |   | Group Art Unit         | 2818          |
|   |   | Examiner Name          | Unassigned    |
| Total Number of Pages in This Submission  | 4 | Attorney Docket Number | 3927P017      |

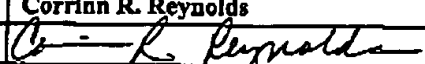
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| ENCLOSURES (check all that apply)   |  |   |
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         Request to Rescind Previous Request for Nonpublication       </div> |
| Remarks   |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |  |  |
|-------------------------|---|--|--|
| Firm or Individual name | William W. Schaal, Reg. No. 39,018  |  |  |
|                         | BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP  |  |  |
| Signature               |  |  |  |
| Date                    | June 11, 2002   |  |  |

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|  |   |      | June 11, 2002 |
| Typed or printed name  | Corrinn R. Reynolds   |      |               |
| Signature  |  | Date | June 11, 2002 |

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/17 (11-01)

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|--|--|--|--|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2002</b><br><i>Patent fees are subject to annual revision.</i> |  | <i>Complete if Known</i><br>Application Number <b>09/883,554</b> |  |
|  |  | Filing Date <b>June 16, 2001</b>                                 |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.         |  | First Named Inventor <b>Ahmad Chini</b>                          |  |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | Examiner Name <b>Unassigned</b>                                  |  |
|  |  | Group/Art Unit <b>2818</b>                                       |  |
|  |  | Attorney Docket No. <b>3927/P017</b>                             |  |

| <b>METHOD OF PAYMENT (check one)</b><br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account<br>Deposit Account Number <b>02-2666</b><br>Deposit Account Name <b>Blakely, Sokoloff, Taylor &amp; Zafman LLP</b><br>The Commissioner is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of the application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account  |          | <b>FEE CALCULATION (continued)</b><br><b>3. ADDITIONAL FEES</b> |          |  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
|--|----------|---|----------|--|----------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|-----|------------------------|--|-----|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|-----|-----|-----|---|--|-----|-----|-----|----|---|--|--------------|--|--|--|--|-----|---|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|---|--|-----|-------|-----|-------|--|--|-----|---------|-----|---------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|--------------|--|--|--|--|-----|
| <b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>610</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>180</td> <td>214</td> <td>90</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td></td> <td>(5)</td> </tr> </tbody> </table>  |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 740 | 201 | 370 | Utility filing fee     |  | 106 | 330 | 206 | 165 | Design filing fee                 |  | 107 | 610 | 207 | 255 | Plant filing fee                      |  | 108 | 740 | 208 | 370 | Reissue filing fee                                |  | 114 | 180 | 214 | 90 | Provisional filing fee                                    |  | SUBTOTAL (1) |  |  |  |  | (5) | <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>180</td> <td>139</td> <td>120</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,620</td> <td>For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920 *</td> <td>112</td> <td>920 *</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840 *</td> <td>113</td> <td>1,840 *</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>400</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,610</td> <td>188</td> <td>1,610</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>820</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>90</td> <td>123</td> <td>60</td> <td>Processing fee under 37 CFR 1.17(g)</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (Limit number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (3)</td> <td></td> <td>(8)</td> </tr> </tbody> </table> |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 180 | 139 | 120 | Non-English specification |  | 147 | 2,520 | 147 | 2,620 | For filing a request for ex parte reexamination |  | 112 | 920 * | 112 | 920 * | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840 * | 113 | 1,840 * | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 400 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,610 | 188 | 1,610 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 820 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 90 | 123 | 60 | Processing fee under 37 CFR 1.17(g) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (Limit number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | SUBTOTAL (3) |  |  |  |  | (8) |
| Large Entity   |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 101  | 740      | 201   | 370      | Utility filing fee   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 106  | 330      | 206   | 165      | Design filing fee  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 107  | 610      | 207   | 255      | Plant filing fee   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 108  | 740      | 208   | 370      | Reissue filing fee   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 114  | 180      | 214   | 90       | Provisional filing fee   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| SUBTOTAL (1)   |          |   |          |  | (5)      |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| Large Entity   |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 105  | 130      | 205   | 65       | Surcharge - late filing fee or oath  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 127  | 50       | 227   | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 139  | 180      | 139   | 120      | Non-English specification  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 147  | 2,520    | 147   | 2,620    | For filing a request for ex parte reexamination                            |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 112  | 920 *    | 112   | 920 *    | Requesting publication of SIR prior to Examiner action                     |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 113  | 1,840 *  | 113   | 1,840 *  | Requesting publication of SIR after Examiner action                        |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 115  | 110      | 215   | 55       | Extension for reply within first month                                     |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 116  | 400      | 216   | 200      | Extension for reply within second month                                    |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 117  | 920      | 217   | 400      | Extension for reply within third month                                     |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 118  | 1,440    | 218   | 720      | Extension for reply within fourth month                                    |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 128  | 1,960    | 228   | 980      | Extension for reply within fifth month                                     |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 119  | 320      | 219   | 160      | Notice of Appeal   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 120  | 320      | 220   | 160      | Filing a brief in support of an appeal                                     |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 121  | 280      | 221   | 140      | Request for oral hearing   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 138  | 1,610    | 188   | 1,610    | Petition to institute a public use proceeding                              |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 140  | 110      | 240   | 55       | Petition to revive - unavoidable   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 141  | 1,280    | 241   | 640      | Petition to revive - unintentional   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 142  | 1,280    | 242   | 640      | Utility issue fee (or reissue)   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 143  | 460      | 243   | 230      | Design issue fee   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 144  | 820      | 244   | 310      | Plant issue fee  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 122  | 130      | 122   | 130      | Petitions to the Commissioner  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 123  | 90       | 123   | 60       | Processing fee under 37 CFR 1.17(g)  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 126  | 180      | 126   | 180      | Submission of Information Disclosure Stmt                                  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 581  | 40       | 581   | 40       | Recording each patent assignment per property (Limit number of properties) |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 146  | 740      | 246   | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 149  | 740      | 249   | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 179  | 740      | 279   | 370      | Request for Continued Examination (RCE)                                    |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 169  | 900      | 169   | 900      | Request for expedited examination of a design application                  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| Other fee (specify)  |          |   |          |  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| SUBTOTAL (3)   |          |   |          |  | (8)      |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| <b>2. EXTRA CLAIM FEES</b><br>Total Claims <b>27</b><br>Independent Claims <b>4</b><br>Multiple Dependent<br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td></td> <td>(6)</td> </tr> </tbody> </table> |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18  | 203 | 9   | Claims in excess of 20 |  | 102 | 84  | 202 | 42  | Independent claims in excess of 3 |  | 104 | 280 | 204 | 140 | Multiple Dependent claim, if not paid |  | 109 | 84  | 209 | 42  | **Reissue independent claims over original patent |  | 110 | 18  | 210 | 9  | **Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |  |  |  |  | (6) | * Reduced by Basic Filing Fee Paid<br>SUBTOTAL (4)  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| Large Entity   |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 103  | 18       | 203   | 9        | Claims in excess of 20   |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 102  | 84       | 202   | 42       | Independent claims in excess of 3  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 104  | 280      | 204   | 140      | Multiple Dependent claim, if not paid                                      |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 109  | 84       | 209   | 42       | **Reissue independent claims over original patent                          |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| 110  | 18       | 210   | 9        | **Reissue claims in excess of 20 and over original patent                  |          |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |
| SUBTOTAL (2)   |          |   |          |  | (6)      |                 |          |          |          |          |          |     |     |     |     |                        |  |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |   |  |     |     |     |    |   |  |              |  |  |  |  |     |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |   |  |     |       |     |       |  |  |     |         |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |     |

|   |  |                                |  |                                 |  |
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| <b>SUBMITTED BY</b><br>Name (Print/Type) <b>William W. Schaal</b> |  | Registration No. <b>39,018</b> |  | Telephone <b>(714) 557-3800</b> |  |
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|--|----------------------|---|
| <b>REQUEST TO RESCIND PREVIOUS<br/>NONPUBLICATION REQUEST</b><br><b>35 U.S.C. 122(b)(2)(B)(ii)</b> | Application Number   | 09/883,554  |
|  | Filing Date          | 06/16/2001  |
|  | First Named Inventor | Ahmad Chinl   |
|  | Title                | System and Method for Modulation of<br>Non-Data Bearing Carriers in a Multi-Carrier |
|  | Atty Docket Number   | 3927P017  |
|  | Group Art Unit       | 2818  |
|  | Examiner             | Unassigned  |

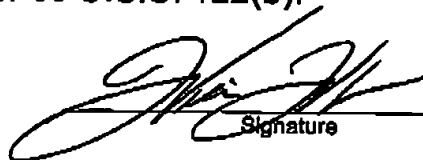
I hereby rescind the previous request that the above-identified application not be published under 35 U.S.C. 122(b).

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